

REQUEST FOR PROPOSALS



EMERGENCY SHELTER GRANT

PROGRAM YEAR 2008
COMMUNITY SERVICES DEPARTMENT

EMERGENCY SHELTER GRANTS (ESG)

What is ESG?

The primary purpose of the ESG Program is to be the first step in a continuum of assistance to enable homeless individuals and families to move toward independent living. ESG program objectives include: 1) increasing the number and quality of emergency and transitional housing facilities; 2) operating these facilities and providing essential social services to help homeless persons improve their situation; and 3) preventing homelessness.

ESG is a formula-funded program that uses the Community Development Block Grant (CDBG) program formula as a basis of allocating funds to eligible jurisdictions. Funds may be used for operating expenses, essential services, prevention activities, and the rehabilitation or conversion of buildings into homeless shelters.

The ESG program was originally established by the Homeless Housing Act of 1986, in response to the growing issue of homelessness among men, women, and children in the United States. In 1987, the ESG program was incorporated into subtitle B of title IV of the Stewart B. McKinney Homeless Assistance Act.

Eligible Applicants and Available Funds

Applicants may be nonprofit organizations and local governmental entities that provide direct services to homeless persons or persons at risk of becoming homeless. The City of Arlington expects to be funded at approximately the same level as last year. In Program Year 2007, the City received \$140,774.

Eligible Clients

A person must be homeless (or at great risk of becoming immediately homeless) to receive help from ESG program activities. HUD defines homelessness using the following definition:

A homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without ESG's homelessness assistance. A person is considered homeless only when he/she resides in one of the places described below:

- *In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street;*
- *In an emergency shelter;*
- *In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;*
- *In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;*
- *Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation;*
- *Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and lacks the support networks needed to obtain housing; or*
- *Is fleeing a domestic violence housing situation and subsequent residence has not been identified and the person lacks the resources and support networks needed to obtain housing.*



Documentation of Client Eligibility

Service providers must demonstrate in writing that the person served is homeless or at risk of homelessness. The homeless population served must be identified further as chronically homeless, victim of domestic violence, veteran, elderly, severely mentally ill, chronic substance abuser, person with other type of disability, or person with HIV/AIDS. **Note that these categories of program beneficiaries were changed by HUD effective October 1, 2006. Recipients of funding must ensure that their application forms collect the new information.**

Persons receiving homeless prevention funds must have an eviction notice or a utility termination notice, qualify under low-income guidelines, and reside within the city of Arlington. Additionally, the organization must provide evidence that the inability to pay was sudden, the assistance is necessary to prevent homelessness, and the client is reasonably expected to be able to resume payments in the near future.

Participation of Homeless Persons in Policy-making and Operations

Recipients of ESG funds are required by Federal rule to provide for the participation of at least one homeless or formerly homeless person(s) in a **policy-making function** within the organization. This might include, for example, involvement of a homeless or formerly homeless person on the Board of Directors or similar position that considers and sets policy or makes decisions for the recipient agency.

Recipients are further required to involve participants in the **operation** of the ESG-funded program. This involvement includes the participant's employment or volunteering in program activities such as maintenance, general operation of facilities, or provision of services. This involvement can include paid and/or volunteer work. For example, a shelter might involve participants in ongoing maintenance tasks or other operations of the facility such as staffing the reception desk.

Eligible Activities and Funding Caps

ESG funding may be used by shelters and other service providers for four main categories of eligible activities.

1. Operating costs such as maintenance, utilities, insurance, rent, security, and other costs associated with maintaining beds or units in the shelter. Staff salaries (including fringe benefits) paid under the **operating cost** category are limited to 10 percent of the grant. Maintenance and security salary costs are not subject to the 10 percent standard.
2. Essential services, including services concerned with employment, health, drug abuse, and education. No more than 30 percent of the City's aggregate ESG Grant, subject to waiver, may be spent on essential services. Funding must be spent on: new services (any service not previously delivered by an agency), expansion (an established service not currently funded by the City of Arlington Funds), or renewal (current service funded by the City of Arlington).
3. Homeless prevention, including short-term subsidies to defray rent and utility arrearages. No more than 30 percent of the City of Arlington's aggregate ESG amount may be used for activities under homeless prevention activities.
4. Renovation, rehabilitation, and conversion of buildings for use as emergency shelters or transitional housing for the homeless. All activities of this type must meet local safety and sanitary standards. Renovation activities must continue use as a shelter for 3 years and major rehabilitation/conversion activities must continue use as a shelter for 10 years.



Measurable Objectives for Homeless Programs

The City's Consolidated Plan listed the following annual objectives for homeless programs:

- Homeless shelter care for 2,600 unduplicated homeless individuals
- Case management and support services for 1,900 homeless individuals
- Transitional and permanent housing for 125 homeless individuals
- Outreach and referral to housing first programs for 5 chronically homeless individuals
- Homeless prevention services for 10 homeless families
- Support for homeless provider applications to alternative funding sources

Match Requirements

Organizations must match ESG funds a minimum of 100 percent from non-ESG sources. The amount of match required of each organization will be agreed upon during contract negotiations. Matching funds must be provided after the date of the grant award. Funds used to match a previous ESG activity may not be used to match a subsequent grant award.

Applicants may use any of the following as sources of match: 1) Cash; 2) the value or fair rental value of any donated material or building; 3) the value of any lease on a building; 4) any salary paid to staff to carry out the program; and 5) the value of the time and service contributed by volunteers to carry out the program, valued at \$5/hour. (Note: Volunteers providing professional services such as medical or legal services are valued at the reasonable and customary rate in the community)

Religious Organizations

Assistance may be provided to a recipient that is a primarily religious organization if the organization agrees to provide all eligible activities under this program in a manner that is free from religious influences and in accordance with the ESG regulations (see Application Guidebook).

Funding Timeline

Organizations applying for funding through the City of Arlington must complete the following application and include all applicable documentation. Please read the application carefully and complete all relevant sections. Incomplete applications will not be considered for funding. The following is a summary timeline for the awarding of funds:

Request for Proposals Workshop	October 26, 2007
Deadline for written questions to City	November 9, 2007
Questions and Answers available on City website	November 16, 2007
Deadline for submission of applications	November 30, 2007
Staff review of proposals	December 2007
Arlington Human Service Planners' Grant Review Committee	December 2007 – January 2008
City Council Community and Neighborhood Development Committee review and recommendations	February 2008
30-day citizen comment period and public hearing	March – April 2008
City Council approval of Action Plan	May 2008
Applicants notified regarding awards	May 2008
HUD review and approval	June 2008
Contract Year begins	July 1, 2008



Instructions and Review Process

The City of Arlington invites qualified organizations with eligible projects to apply for ESG Homeless Services grant funds. The City of Arlington is seeking organizations that can demonstrate the capability of meeting priority needs and measurable objectives identified in the 2005 – 2010 Consolidated Plan (see also Application Guidebook).

Prior to responding to the application, each qualified organization is urged to review the Guidebook and read the instructions carefully. The Application Guidebook contains information such as the ESG Regulations, ESG Handbook, City Council Priorities, and United Way Needs Assessment information. Before submitting the application, check all calculations and review the package for completion of all forms and sections. Inaccuracies, omissions, and use of application forms from previous competitions will be grounds for rejection. All proposals will become part of the City of Arlington's official files.

Application Instructions

1. Applicants are encouraged to attend the Request for Proposals workshop on Friday, October 26, 2007, from 9:00 p.m. to 11:00 p.m. The workshop will be held at the Arlington Human Service Center, 501 W. Sanford, Conference Room A, Arlington, Texas.
2. The City of Arlington will provide answers to written questions that are submitted by November 9, 2007. Answers will be posted on the website by November 16, 2007. Submit questions to Deborah Bell-Flowers at deborah.flowers@arlingtontx.gov or by fax at 817-459-6772.
3. **Proposals must be submitted on standard 8 ½" x 11" paper, have consecutively numbered pages, and be three-hole punched.** Do not use folders or notebooks. Bind only with binder clips. Do not staple the proposal. Insert labeled tabs for the sections as outlined in the Application Checklist. Do not use sticky notes or flags as a substitute for tabbed dividers. Do not include these instruction sheets in your application.
4. **Submit one original and fifteen copies of the proposal.** Copies are provided to the Arlington City Council, Grant Review Committee, and City staff. Indicate whether the proposal is an original or copy on the Program Cover Sheet. The original must contain original signatures. The most recent Financial Audit is required and should be attached to the original copy of the proposal. All proposals must:
 - ✓ Include information and attachments as outlined on the Application Checklist.
 - ✓ Adhere to page limits for Tabs A and B. The maximum number of pages for these sections is 17.
 - ✓ Narrative should be formatted in 11 or 12 point typed font and minimum margins are 1 inch.
5. All originals **must** be signed in **blue** ink.
6. Submit application by Friday, November 30, 2007, by 3:00 p.m., at the City of Arlington Community Services Department. Applications may be mailed or hand delivered. Proposals submitted by fax or e-mail will not be accepted.
7. **Late proposals will NOT be accepted.**



Any questions or need for further information should be directed to Deborah Bell-Flowers at the address below. Questions concerning the proposal should be submitted in writing by e-mail, mail, or fax no later than November 9, 2007. A compilation of questions and answers will be available on the City website by November 16, 2007.

Proposal Due Date
Friday, November 30, 2007, by 3:00 p.m. CST

Deborah Bell-Flowers, Grants Planner
City of Arlington Community Services Department
deborah.flowers@arlingtontx.gov
Fax: 817-459-6772

Physical Address
City of Arlington
Community Services
Arlington Human Services Center
501 W. Sanford, Suite 10
Arlington, Texas 76011

Mailing Address
City of Arlington
Community Services
Mail Stop 29-0100
PO Box 90231
Arlington, TX 76004-3231

Late proposals will NOT be accepted.

For more detailed information on the City of Arlington Grant programs, please
visit our website at

<http://www.arlingtontx.gov/communityservices/grants/rfp.html>



Application Review Process

The review process for proposals requesting ESG funding consists of a review by staff, citizen review by the Arlington Human Service Planners' (AHSP) Grant Review Committee, review by the Community and Neighborhood Development Committee of the City Council, a 30-day public comment period for citizen input, City Council review and approval, and HUD review and approval. See Application Guidebook for additional details about the review process.

1. Staff review verifies that the proposal is an eligible ESG activity as determined by HUD guidelines. If a proposal is determined to be ineligible, the applicant is informed and the proposal is withdrawn from consideration. In cases where there is uncertainty as to the proposal's eligibility, the City's HUD representative will be consulted for a decision. Staff will evaluate proposals based on information provided in the submitted application and will not request missing information.
2. The AHSP Grant Review Committee (GRC) reviews the proposals. This committee evaluates the content of the proposals, determines the need for services, and ensures that services are not being provided by another entity. **The GRC will not request missing information.** AHSP/GRC scores and rankings are presented to the City Council's Community and Neighborhood Development Committee along with the proposal.
3. The Community and Neighborhood Development Committee provides a mechanism by which community needs may be recognized, prioritized, and recommended to the City Council for funding. This committee also helps to facilitate the City Council's understanding and approval of ESG programs and funding requirements. All recommendations for grant awards are put into the annual Action Plan.
4. Citizen input on the Action Plan is obtained through the public hearing process. Notices are published in local newspapers two weeks in advance of all hearings, specifying date, time, and proposed ESG activities. The City Council approves the Annual Action Plan by resolution following the citizen comment period. Each applicant will be notified in writing regarding their grant application. Final approval of the Action Plan is completed by HUD.

CRITERIA FOR DECISION-MAKING

Proposals will be evaluated in the following areas:

- | | |
|--|-----------|
| 1. Organizational capacity and relevant experience | 30 points |
| 2. Evidence of need for service | 30 points |
| 3. Statement of Work/Service Plan | 30 points |
| 4. Budget Narrative and Financial Management | 10 points |

The City Council makes the final decisions regarding program funding, which are then incorporated into the overall ESG budget submitted to HUD in the Annual Action Plan. Once funds are received from HUD, the City executes contracts with each of the selected subrecipients. If the approved funding level is different than that stated on the proposed budget, revised budget and objectives must be submitted before a subrecipient contract is executed. This RFP does not commit the City to award a contract for any costs incurred in the preparation of this proposal. Furthermore, the City reserves the right to accept or reject any or all proposals received because of this request, to negotiate with a qualified source, or to cancel in part or in its entirety this RFP if it is in the best interest of the City.



Emergency Shelter Grant Application

PROGRAM COVER SHEET

☐ Original ☐ Copy

Part 1 – General Information

Organization Name: _____
 Tax ID Number: _____
 Program Name: _____
 Contact Person: _____
 Mailing Address: _____
 City, State, ZIP Code: _____
 Phone: _____
 Fax: _____
 Email: _____

Part 2 – Program Funding

1) Requested Amount	
2) Other Funding Sources	
3) Total Program Cost *	
4) Percentage of ESG Arlington funds toward Total Program Cost **	

* Total Program Cost is the Requested Amount plus the amount from Other Funding Sources. (Line 1 + Line 2 = Line 3)

** Percentage of THE CITY OF ARLINGTON funds toward Total Program Cost is the Requested Amount Divided by the Total Program Cost. (Line 1 / Line 3 = Line 4)

Matching Funds*	\$
Matching Source(s)	

*Organizations must pledge a minimum match of 100 percent of the ESG funds requested from non-ESG sources. Actual match will be negotiated after awards are announced.

Part 3 – Program Description Summary

Please provide a *brief* description of the proposed program in the space below. The description should be no more than five sentences and describe the program (not the organization), the purpose, number of unduplicated adults and children the program will serve in the contract period, and the cost items for which ESG funds will be used. If staff positions will be funded by ESG, list the position title and the full time equivalent amount paid by ESG (e.g., ESG will fund a Case Manager at 0.5 FTE and an Employment Specialist at 1.0 FTE).



Application Checklist

Applicant Name: _____

Program Name: _____

Review the following list of documentation requirements. The original must include all of the following information in the order outlined below. The 14 copies submitted **must** include information requested in Tabs A, B, and C in the order outlined below. Proposals that do **not** contain all of the following information will be considered **ineligible**.

- Tab A**
- ☐ Cover Letter (optional)
 - ☐ Program Cover Sheet (p. 1)
 - ☐ Application Checklist (p. 2)
 - ☐ Applicant Information (p. 3)
- Tab B**
- ☐ Section 1: Organizational Capacity and Experience (pp. 4-8)
 - ☐ Section 2: Evidence of Need for Service (pp. 9-10)
 - ☐ Section 3: Statement of Work/Scope of Services (pp. 11-14)
 - ☐ Section 4: Program Budget Narrative (pp. 15-16)
 - ☐ Program Budget (p. 17)

Attachments for ALL projects

- Tab C**
- ☐ ESG-funded Job descriptions and Résumés of Key Personnel
 - ☐ Client Intake Form
 - ☐ Performance Measurement Tools and Results (e.g., Client Evaluation Forms and results from prior years, Pre- and Post- Tests and typical results)

Attachments for ORIGINAL COPY ONLY

- Tab D**
- ☐ Nonprofit documentation from IRS
 - ☐ Minutes authorizing submittal of proposal
 - ☐ Articles of Incorporation
 - ☐ By-laws
- Tab E**
- ☐ Organizational Chart (not program specific)
 - ☐ Organizational Budget (not program specific)
 - ☐ Financial Audit/Certified Financial Statement
 - ☐ Director's and Officers' Liability and Errors and Omissions Insurance
 - ☐ Policies and Procedures for employees
 - ☐ Internal Control Policies and Procedures (if not included above)
 - ☐ Code of Conduct listing prohibited behavior for board and employees



Applicant Information

Contact Information

1. Type of Organization: ☐ Non-Profit ☐ Government
☐ Other (Please Specify): _____
2. Name of Organization: _____
3. Mailing Address: _____
City, State, ZIP Code: _____
4. Physical Address of Program (facilities only): _____
City, State, ZIP Code: _____
5. Contact Person: _____
6. Telephone: _____
7. Fax: _____
8. Email Address: _____
9. Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and résumés for key staff.

	NAME	TITLE	PHONE/EMAIL
Program Contact Someone who works with the program on a daily basis and can answer questions			
Finance Contact			
Application Contact Person who wrote this application			
Authorized Contact Person authorized to make commitments on behalf of the organization			

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED, OR CONSTRUCTION BEGUN ON THE PROPOSED PROGRAM AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE CITY OF ARLINGTON.

SIGNATURE OF AUTHORIZED PERSON LISTED ABOVE

DATE

PRINT NAME

TITLE

Section I: Organizational Capacity and Experience (Use only the space provided)

A. Provide an organizational overview of your agency, including:

- a description of the history, mission, and services of the organization,
- year of incorporation,
- years of direct experience with program,
- description of staff experience with program, and
- federal grant management experience.

B. Program-Specific Organizational Chart: Include all employees that contribute time toward this program, whether funded by ESG or some other source. Identify staff that are funded by ESG. Include name of staff, title, and years of experience with this program.

C. Has your organization carried out or attempted this ESG program before?

☐ Yes ☐ No

If you answered **yes**, please answer the following questions. If you do not have specific information, please provide estimates. If you answered **no**, answer the following question and then skip to question F4.

Has your organization ever attempted a similar project? If yes, what were the results?

☐ Yes ☐ No

D. Has this program received the City of Arlington funding before?

☐ Yes ☐ No If yes, for how many years? _____

E. What was the funding amount and number served for the last complete year?

Year: _____ Amount: _____ Planned Number Served: _____

Actual Number Served: _____

If you did not meet your planned number to be served, please provide an explanation below.

F. **Current or Past Subrecipients Only:**

1. What was the date (mm/dd/yyyy) of your last the City of Arlington monitoring visit? _____

2. Were there any findings and/or concerns in your last monitoring visit?

☐ Yes ☐ No

If **yes**, indicate the findings and/or concerns cited and the date the City of Arlington cleared the findings and/or concerns.

3. Did your organization complete any mandated corrective actions outlined by the City of Arlington?

☐ Yes ☐ No (If **no**, please explain.)

4. In your previous experience with Federal projects, was your organization required to pay back funds, in violation of regulations, etc.?

☐ Yes ☐ No ☐ N/A (no experience with federal projects)

If **yes**, indicate the actions cited.

G. Board of Directors

In the space provided, please address the following:

- requirements to be a board member,
- process for determining the board's membership needs, including attempt to recruit a diverse group of board members that reflects clients served,
- process for recruitment, training, and orientation of board members.

H. Complete the table below for each current member of the applicant's Board of Directors. Government entities should attach information about advisory boards that are used to provide input into ESG program activities. Include a footnote or asterisk denoting the member that is homeless or formerly homeless to ensure meeting the requirements of the ESG regulations. (NOTE: Font, margins, or table may be modified to fit information on one page, as long as information below is included.)

[illegible]

*Please denote Board Chairperson or President with an asterisk and Executive Director with two astericks.

¹ Beginning and Ending Years

² M=Male, F=Female

³ A=Asian, B=Black/African American, W=White, H=Hispanic, O=Other

Section 2: Evidence of Need for Service (Use only the space provided)

A. Check the activities for which your program will request funds.

Eligible Activity	Funds Requested	Proposed Number Served
Homeless Prevention		
Shelter Maintenance and Operations		
Essential Services		
Shelter Rehabilitation		

B. Please identify the **primary** homeless beneficiaries the program will serve. Please check the appropriate categories below:

- | | |
|---|---|
| <input type="checkbox"/> Runaway youth | <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Drug dependant individuals |
| <input type="checkbox"/> Chronically homeless | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Chronic Substance Abuse | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Other disabled | <input type="checkbox"/> Other: _____ |

C. Number of unduplicated individuals to be served.

1. Indicate the number of unduplicated adults to be served: _____
2. Indicate the number of unduplicated children to be served: _____

D. Provide statistical evidence of the need for services proposed. Include as much local data as possible. Include relevant statistics provided by the organization such as number of referral calls, number of clients on waiting lists, and time on waiting lists. Describe how you will meet priority measurable objectives for serving homeless individuals as listed on page 3.

E. Are there other services or activities similar to your program provided by other organizations in the City of Arlington?
☐ Yes ☐ No If yes, how is your proposed program different or unique from other similar programs? Briefly explain in the space provided.

F. Does the proposed program collaborate with other programs in the area to provide this service? ☐ Yes ☐ No If **yes**, briefly explain in the space below.

G. Are you currently seeking funding from other sources for this program? Yes ☐ No ☐
 Add additional rows to the table if necessary.

Funding Source	Amount	Status – Approved, Pending, or Denied	Award Date
Total			

Section 3: Statement of Work/Scope of Services (Use only the space provided.)

This information will be used to structure the scope of services portion of the agreements with the City of Arlington.

A. Statement of Work

Develop a sound statement of work/work plan narrative that details the service activities the program will undertake to achieve the program's goal. Include the following:

- service activity plan of action for **each** Service Activity to be provided (e.g., Operations, Essential Services, Prevention, Rehabilitation);
- intake procedures and eligibility documentation (attach client intake form behind Tab C);
- use of the Homeless Management Information System (HMIS) to track client information;
- program location(s) and hours of operation;
- recruitment/marketing plan for clients and volunteers;
- program evaluation plan; and
- program specific procedures and guidelines.

B. Time Table and Service Activities

Outline the program plan activities/events that will take place during the award period.

Quarter	Activities/Events
Qtr 1: _____ July-Sept	
Qtr 2: _____ Oct-Dec	
Qtr 3: _____ Jan-March	
Qtr 4: _____ Apr-June	

C. State how your organization will involve at least one homeless or formerly homeless person(s) in a **policy-making function** with the organization. This might involve, for example, involvement of a homeless or formerly homeless person(s) on the Board of Directors or similar entity or position that considers and sets policy or makes decisions for the organization.

D. State how your organization will involve homeless persons in the **operation** of the ESG-funded program. This involvement includes the participant's employment or volunteering in program activities such as maintenance, general operation of facilities, or provision of services. Describe how your organization uses volunteers to supplement paid staff.

E. Performance Measurement System: Complete the following chart with information about your planned goals for the program year.

	Goal #1	Goal #2
GOALS – Proposed solutions to problems (as identified in Consolidated Plan)		
INPUTS – resources dedicated to or consumed by program		
ACTIVITIES - What the program does with the inputs to fulfill its mission		
OUTPUTS – The direct products of program activities		
OUTCOMES – benefits that result from the program		

If any measurement tools (i.e. surveys, questionnaires, standardized tests) are used, please attach a copy to the proposal, along with this attachment, behind Tab C.

Section 4: Budget Information (Use only the space provided.)**A. Budget Narrative**

Describe the program budget, including itemized revenues and expenses. The budget narrative should explain the total program budget in detail and explain the budget line items in the order they are listed on the budget form. Provide an explanation for each line item expense.

B. Cost Per Person Served

Emergency Shelter Grant (ESG)	Program Year 2008 Request
1. ESG Funding Request	
2. Total Program Budget	
3. Total Organization Budget (including other programs)	
4. % of Program Budget (Item 1 divided by item 2)	
5. % of Organization Budget (Item 1 divided by item 3)	
6. Unduplicated Clients to be Served	
7. Total Program Cost Per Client (Item 2 divided by item 6)	
8. Total ESG Cost Per Client (Item 1 divided by item 6)	

C. Fiscal Management

Describe the organization's fiscal management, including:

- financial reporting,
- record keeping,
- accounting systems,
- payment procedures, and
- audit requirements.

D. Program Budget

Revenue	PY 2006 Actual Revenue	PY 2007 Estimated Revenue	PY 2008 Proposed Revenue	PY 2008 Proposed ESG Match
Contributions				
Special Events				
Membership Fees/Dues				
Program Service Fees				
Grants/Foundations (specify)				
State ESG				
Other ESG				
City of Arlington ESG Request				
Other (specify)				
Total	\$0	\$0	\$0	\$0

Expenses	PY 2006 Actual ESG Funds	PY 2007 Estimated ESG Funds	PY 2008 Proposed ESG Funds	PY 2008 Proposed Total Funds	* ESG Category
Salaries					
Employee Health/Retirement					
Payroll Taxes					
Professional (contract) Services					
Rent/Mortgage					
Telephone					
Utilities					
Supplies					
Local Transportation					
Client Assistance Rent					
Client Assistance Utilities					
Client Assistance Other (specify)					
Client Assistance Other (specify)					
Capital Equipment					
Insurance					
Printing					
Other (specify)					
Total	\$0	\$0	\$0	\$0	

*Denote whether expense is Operations/Maintenance (O/M), Essential Services (E), Prevention (P) or Rehab (Re)